

Foster Family Home - Deficiency Report

Provider ID: 1-200070

Home Name: Odessa V. Bali, CNA

Review ID: 1-200070-3

94-460 Awamoi Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 10/8/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Home inspection completed for a 2 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to [REDACTED] by 11/8/2021.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)

CG#1 last TB in binder is [REDACTED] 20. No 2021 TB.


Foster Family Home	Insurance Requirements	[11-800-51]
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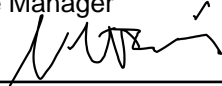
51.(a)(1) General;

Comment:

51.(a)(1)

No liability for CG#2 or CG#4



Compliance Manager


Primary Care Giver

10/8/2021

Date

10/8/2021

Date

CTA RN Compliance Manager: JULIE HASTINGS


Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: ODESSA V. BALI
(PLEASE PRINT)

CCFFH Address: 94-460 AWAMOI STREET WAIPAHU, HAWAII 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(7)	CG #1 showed CTA Compliance manager that TB clearance is up to date and will due on 11/05/21.		CG #1 will use a wall calendar to put all due dates on.
51.(a)(1)	I have already called the liability Insurance and added CG #2 and CG #4.		Home will notify the liability Insurance if there is new caregiver.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10.12.2021

☒ CTA has reviewed all corrected items